



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 52630 Employer's ID Number 38-3341599
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 02/12/1997 Commenced Business 01/01/1998

Statutory Home Office 880 W. Long Lake Rd., Suite 600 Troy, MI, US 48068-4504
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 880 W. Long Lake Rd., Suite 600
(Street and Number)
Troy, MI, US 48068-4504 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 880 W. Long Lake Rd., Suite 600 Troy, MI, US 48068-4504
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 880 W. Long Lake Rd., Suite 600
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Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com 562-437-7235
(E-mail Address) (FAX Number)

OFFICERS

President Christine Margaret Surdock Secretary Jeffrey Don Barlow
Chief Financial Officer Michael Charles Graves

OTHER

DIRECTORS OR TRUSTEES

Christine Margaret Surdock Matthew Carter Schueren Steve Ross Lurie
Amy Margaret Conn Joanne Carol Smith Marissa Ann Morgan

State of Michigan SS:
County of Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Christine Margaret Surdock
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 5th day of May 2022
Rene Atkinson

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

RENE ATKINSON
Notary Public, State of Michigan
County of Macomb
My Commission Expires Sep. 01, 2028
Acting in the County of



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Statutory Statement Contact Aarati M Mehta 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com 562-437-7235
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Christine Margaret Surdock
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 28 day of April 2022
Karen C. Guedalia

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b. If no,
1. State the amendment number
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	(Current)	(Prior)				
Organized under the Laws of	<u>Michigan</u>			State of Domicile or Port of Entry	<u>MI</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	<u>02/12/1997</u>			Commenced Business	<u>01/01/1988</u>	
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	(Name)			(Area Code) (Telephone Number)		
	<u>aarati.mehta@molinahealthcare.com</u>			<u>562-437-7235</u>		
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Chief Financial Officer	<u>Michael Charles Graves</u>		

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County of Oakland

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Christine Margaret Surdock
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this
day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 26
day of April, 2022, by Jeffrey Don Berlow

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in blue ink, appearing to read 'Jeffrey Don Berlow', written over a horizontal line.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	105,627,559		105,627,559	115,554,686
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$21,609,768), cash equivalents (\$274,593,206) and short-term investments (\$36,001,421)	332,204,395		332,204,395	393,825,503
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	437,831,954		437,831,954	509,380,189
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	357,097		357,097	413,602
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	86,813,649		86,813,649	81,782,802
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$978,585) and contracts subject to redetermination (\$29,241,521)	30,220,106		30,220,106	22,345,991
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	268,626		268,626	1,454
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	12,992,250	2,446,607	10,545,643	12,345,850
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	6,642	6,642		
21. Furniture and equipment, including health care delivery assets (\$)	1,551,655	1,551,655		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$28,226,045) and other amounts receivable	50,600,041	22,373,996	28,226,045	31,452,275
25. Aggregate write-ins for other than invested assets	21,295,000	4,876,576	16,418,424	17,629,002
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	641,937,020	31,255,476	610,681,544	675,351,165
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	641,937,020	31,255,476	610,681,544	675,351,165
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Prepaid expenses/deposits	1,116,921	1,116,921		
2502. Goodwill and intangible assets	20,178,079	3,759,655	16,418,424	17,629,002
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	21,295,000	4,876,576	16,418,424	17,629,002

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	183,558,167	277,397	183,835,564	181,864,818
2. Accrued medical incentive pool and bonus amounts	16,584,084		16,584,084	10,555,778
3. Unpaid claims adjustment expenses	1,447,214	2,610	1,449,824	1,497,547
4. Aggregate health policy reserves, including the liability of \$5,034,952 for medical loss ratio rebate per the Public Health Service Act	98,493,982		98,493,982	180,058,096
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	570,000		570,000	4,953,778
9. General expenses due or accrued	44,903,131		44,903,131	44,372,370
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	5,233,758		5,233,758	2,543,912
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	12,178,814		12,178,814	6,354,587
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	12,133,569		12,133,569	6,993,482
23. Aggregate write-ins for other liabilities (including \$44,150,511 current)	44,150,511		44,150,511	29,891,922
24. Total liabilities (Lines 1 to 23)	419,253,230	280,007	419,533,237	469,086,290
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	159,000	159,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	108,584,336	123,700,904
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	191,148,307	206,264,875
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	610,681,544	675,351,165
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	44,081,796		44,081,796	29,817,889
2302. Member premium due	68,715		68,715	74,033
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	44,150,511		44,150,511	29,891,922
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,295,356	1,220,893	5,018,538
2. Net premium income (including \$ non-health premium income).....	XXX	440,245,097	489,023,201	2,050,055,212
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	82,408,674	(25,207,897)	(64,615,964)
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	522,653,771	463,815,304	1,985,439,248
Hospital and Medical:				
9. Hospital/medical benefits		251,208,069	241,934,508	1,021,842,417
10. Other professional services		10,403,532	10,354,835	40,381,587
11. Outside referrals	779,043	18,937,893	14,564,306	62,894,324
12. Emergency room and out-of-area		52,670,665	42,080,642	165,901,551
13. Prescription drugs		94,074,019	76,617,196	325,606,566
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		8,472,270	9,628,748	30,127,369
16. Subtotal (Lines 9 to 15)	779,043	435,766,448	395,180,235	1,646,753,814
Less:				
17. Net reinsurance recoveries		267,172		
18. Total hospital and medical (Lines 16 minus 17)	779,043	435,499,276	395,180,235	1,646,753,814
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$9,654,325 cost containment expenses		13,034,016	15,586,974	60,223,104
21. General administrative expenses		62,369,416	54,485,924	222,367,330
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22).....	779,043	510,902,708	465,253,133	1,929,344,248
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	11,751,063	(1,437,829)	56,095,000
25. Net investment income earned		573,960	765,902	2,665,152
26. Net realized capital gains (losses) less capital gains tax of \$			225,047	1,419,794
27. Net investment gains (losses) (Lines 25 plus 26)		573,960	990,949	4,084,946
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].				
29. Aggregate write-ins for other income or expenses			(394)	(394)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	12,325,023	(447,274)	60,179,552
31. Federal and foreign income taxes incurred	XXX	2,689,845	(47,872)	12,713,130
32. Net income (loss) (Lines 30 minus 31)	XXX	9,635,178	(399,402)	47,466,422
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901. Fines and penalties			(394)	(394)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)			(394)	(394)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	206,264,875	160,076,643	160,076,643
34. Net income or (loss) from Line 32	9,635,178	(399,402)	47,466,422
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		9,556	25,148
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(427,513)	793,565	(2,926,319)
39. Change in nonadmitted assets	675,767	(3,952,272)	21,622,981
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders	(25,000,000)		(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	(15,116,568)	(3,548,553)	46,188,232
49. Capital and surplus end of reporting period (Line 33 plus 48)	191,148,307	156,528,090	206,264,875
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	438,059,508	480,163,639	2,051,052,631
2. Net investment income	696,760	1,167,847	3,470,036
3. Miscellaneous income			
4. Total (Lines 1 to 3)	438,756,268	481,331,486	2,054,522,667
5. Benefit and loss related payments	422,019,373	383,558,592	1,632,092,904
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	68,266,469	79,789,270	293,332,565
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			(10,380,000)
10. Total (Lines 5 through 9)	490,285,842	463,347,862	1,915,045,469
11. Net cash from operations (Line 4 minus Line 10)	(51,529,574)	17,983,624	139,477,198
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	9,860,832	24,411,591	102,269,888
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,860,832	24,411,591	102,269,888
13. Cost of investments acquired (long-term only):			
13.1 Bonds			52,201,799
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)			52,201,799
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	9,860,832	24,411,591	50,068,089
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders	25,000,000		20,000,000
16.6 Other cash provided (applied)	5,047,635	(11,997,309)	(13,754,697)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(19,952,365)	(11,997,309)	(33,754,697)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(61,621,107)	30,397,906	155,790,590
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	393,825,502	238,034,912	238,034,912
19.2 End of period (Line 18 plus Line 19.1)	332,204,395	268,432,818	393,825,502

Note: Supplemental disclosures of cash flow information for non-cash transactions:

--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	428,377	13,394						27,567	387,416	
2. First Quarter	433,185	14,651						27,532	391,002	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,295,356	45,486						82,597	1,167,273	
Total Member Ambulatory Encounters for Period:										
7. Physician	764,610	21,803						129,255	613,552	
8. Non-Physician	442,204	8,450						58,134	375,620	
9. Total	1,206,814	30,253						187,389	989,172	
10. Hospital Patient Days Incurred	53,381	1,079						14,585	37,717	
11. Number of Inpatient Admissions	8,987	168						1,786	7,033	
12. Health Premiums Written (a)	440,637,508	17,752,144						143,460,021	279,425,343	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	523,046,182	16,715,545						143,907,304	362,423,333	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services.....	419,382,096	15,486,541						109,760,089	294,135,466	
18. Amount Incurred for Provision of Health Care Services	435,766,448	12,740,932						108,779,262	314,246,254	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$143,460,021

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	5,645,805	9,840,736	1,047,621	3,705,109	6,693,426	6,531,126
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	33,602,619	76,157,470	5,779,058	53,348,878	39,381,677	60,131,355
7. Title XIX - Medicaid	68,442,330	225,425,964	30,726,723	89,228,174	99,169,053	115,202,336
8. Other health						
9. Health subtotal (Lines 1 to 8)	107,690,754	311,424,170	37,553,402	146,282,161	145,244,156	181,864,817
10. Healthcare receivables (a)	26,415,640	20,898,950		2,669,377	26,415,640	55,925,303
11. Other non-health						
12. Medical incentive pools and bonus amounts	2,443,964		10,290,674	6,293,410	12,734,638	10,555,778
13. Totals (Lines 9-10+11+12)	83,719,078	290,525,220	47,844,076	149,906,194	131,563,154	136,495,292

(a) Excludes \$ 616,074 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the Plan) for the fiscal year ended December 31, 2021. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2021 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Department of Insurance and Financial Services (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan insurance law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	SSAP #	F/S Page	F/S Line #	2022	2021
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 9,635,178	\$ 47,466,422
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 9,635,178	\$ 47,466,422
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 191,148,307	\$ 206,264,875
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 191,148,307	\$ 206,264,875

B. Use of Estimates in the Preparation of the Financial Statements: No significant change.

C. Accounting Policy

- (1) Basis for Short-Term Investments: No significant change.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.
- (3) - (5) No significant changes.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology:

Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage-backed securities and auction rate securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.
- (7) - (13) No significant changes.

D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of March 31, 2022, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

(1) Description of Sources Used to Determine Prepayment Assumptions: Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months\$ 1,534,116

2. 12 Months or Longer

b)The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months\$ 33,131,985

NOTES TO FINANCIAL STATEMENTS

2. 12 Months or Longer

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2022.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. - K. None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. - P. None.
- Q. Prepayment Penalty and Acceleration Fees: None.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

No significant change.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. No significant change.
- B. The Plan paid Molina an ordinary dividend in cash amounting to \$25,000,000 on March 22, 2022.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. - O. No significant changes.

NOTE 11 Debt

- A. None.
- B. Federal Home Loan Bank Agreements: None.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. - D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: See Note 12G.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. - I. None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. - C. No significant changes.
- D. Refer to Note 10B.
- E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTES TO FINANCIAL STATEMENTS

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None.
- C. Wash Sales: None.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. Administrative Services Only (ASO) Plans:

The gain from operations from ASO uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses		\$ 208,600	\$ 208,600
b. Total net other income or expenses (including interest paid to or received from plans)			
c. Net gain or (loss) from operations	\$ -	\$ 208,600	\$ 208,600
d. Total claim payment volume		\$ 123,671,535	\$ 123,671,535

- B. Administrative Services Contract Plans: None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date:

Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Other money market mutual funds	\$ 156,949,150	\$ -	\$ -	\$ -	\$ 156,949,150
Total assets at fair value/NAV	\$ 156,949,150	\$ -	\$ -	\$ -	\$ 156,949,150

- (2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.
- (5) Derivative Assets and Liabilities: None.

- B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2022 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Industrial & miscellaneous	\$ 228,747,342	\$ 232,765,971	\$ -	\$ 228,747,342	\$ -	\$ -	
Special revenue & special assessments	\$ 13,342,146	\$ 13,500,706	\$ -	\$ 13,342,146	\$ -	\$ -	
Governments	\$ 13,006,359	\$ 13,006,359	\$ -	\$ 13,006,359	\$ -	\$ -	
Open depositories	\$ 21,609,768	\$ 21,609,768	\$ 21,609,768	\$ -	\$ -	\$ -	
Other money market mutual funds	\$ 156,949,150	\$ 156,949,150	\$ 156,949,150	\$ -	\$ -	\$ -	
Total financial instruments	\$ 433,654,765	\$ 437,831,954	\$ 178,558,918	\$ 255,095,847	\$ -	\$ -	

- D. - E. None.

NOTE 21 Other Items

- A. - B. No significant changes.
- C. Other Disclosures and Unusual Items:

The Department imposes requirements on the Plan with regards to working capital. For purposes of calculating working capital the Plan excludes amounts that are payable beyond one year. At March, 2022, the Plan excluded \$0.6 million from aggregate health policy reserves relating to State Fiscal Year 2021 Medicaid risk corridor. As of March 31, 2022, the Plan is in compliance with the working capital requirements

NOTES TO FINANCIAL STATEMENTS

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through May 13, 2022, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year Amount

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 12,073
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 49,762
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 6,582,838
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (1,383,010)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ (11,245)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 14,682				\$ 14,682	\$ -	\$ (2,609)		A	\$ 12,073	\$ -
2. Premium adjustments (payable) (including high risk pool premium)		\$(5,202,437)			\$ -	\$(5,202,437)		\$ (366,892)	B	\$ -	\$(5,569,329)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 14,682	\$(5,202,437)	\$ -	\$ -	\$ 14,682	\$(5,202,437)	\$ (2,609)	\$ (366,892)		\$ 12,073	\$(5,569,329)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid									C		
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		

NOTES TO FINANCIAL STATEMENTS

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium										F		
5. Ceded reinsurance premiums payable										G		
6. Liability for amounts held under uninsured plans										H		
7. Subtotal ACA Transitional Reinsurance Program												
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium										I		
2. Reserve for rate credits or policy experience rating refunds										J		
3. Subtotal ACA Risk Corridors Program												
d. Total for ACA Risk Sharing Provisions	\$ 14,682	\$(5,202,437)	\$ -	\$ -	\$ 14,682	\$(5,202,437)	\$ (2,609)	\$ (366,892)			\$ 12,073	\$(5,569,329)

Explanations of Adjustments
A. Adjustments are changes in estimates based on additional information since December 31, 2021.
B. Adjustments are changes in estimates based on additional information since December 31, 2021.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.
(5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for periods from 2014 to 2016.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Three months ended
	<u>3/31/2022</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 193,918,143
Add provision for claims, net of reinsurance:	
Current year	443,545,214
Prior years	<u>(8,045,938)</u>
Net incurred claims during the current year	<u>435,499,276</u>
Deduct paid claims, net of reinsurance:	
Current year	314,328,619
Prior years	<u>107,690,754</u>
Net paid claims during the current year	<u>422,019,373</u>
Change in claims adjustment expenses	(47,723)
Change in health care receivables	(5,748,023)
Change in amounts due from reinsurers	<u>267,172</u>
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	<u>\$ 201,869,472</u>

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of March 31, 2022.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] No [☐]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

1179929
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [☒] No [☐] N/A [☐]

Reporting entity and its parent, Molina Healthcare, Inc., executed a Third Amended and Restated Services Agreement effective 2/10/22.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2018
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/19/2020
- 6.4

By what department or departments?
Michigan Department of Insurance and Financial Services
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐] No [☐] N/A [☒]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] No [☐] N/A [☐]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A []
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

16.3

Total payable for securities lending reported on the liability page.

\$

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
DWS	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104518	DWS	CZ83K4EEEX8QVCT3B128	SEC	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

85.2 %

1.2 A&H cost containment percent

1.8 %

1.3 A&H expense percent excluding cost containment expenses

12.6 %

2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

.\$

2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

.\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
States, etc.		Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1.	Alabama	AL	.N								
2.	Alaska	AK	.N								
3.	Arizona	AZ	.N								
4.	Arkansas	AR	.N								
5.	California	CA	.N								
6.	Colorado	CO	.N								
7.	Connecticut	CT	.N								
8.	Delaware	DE	.N								
9.	District of Columbia	DC	.N								
10.	Florida	FL	.N								
11.	Georgia	GA	.N								
12.	Hawaii	HI	.N								
13.	Idaho	ID	.N								
14.	Illinois	IL	.N								
15.	Indiana	IN	.N								
16.	Iowa	IA	.N								
17.	Kansas	KS	.N								
18.	Kentucky	KY	.N								
19.	Louisiana	LA	.N								
20.	Maine	ME	.N								
21.	Maryland	MD	.N								
22.	Massachusetts	MA	.N								
23.	Michigan	MI	L	17,752,144	143,460,021	279,425,343				440,637,508	
24.	Minnesota	MN	.N								
25.	Mississippi	MS	.N								
26.	Missouri	MO	.N								
27.	Montana	MT	.N								
28.	Nebraska	NE	.N								
29.	Nevada	NV	.N								
30.	New Hampshire	NH	.N								
31.	New Jersey	NJ	.N								
32.	New Mexico	NM	.N								
33.	New York	NY	.N								
34.	North Carolina	NC	.N								
35.	North Dakota	ND	.N								
36.	Ohio	OH	.N								
37.	Oklahoma	OK	.N								
38.	Oregon	OR	.N								
39.	Pennsylvania	PA	.N								
40.	Rhode Island	RI	.N								
41.	South Carolina	SC	.N								
42.	South Dakota	SD	.N								
43.	Tennessee	TN	.N								
44.	Texas	TX	.N								
45.	Utah	UT	.N								
46.	Vermont	VT	.N								
47.	Virginia	VA	.N								
48.	Washington	WA	.N								
49.	West Virginia	WV	.N								
50.	Wisconsin	WI	.N								
51.	Wyoming	WY	.N								
52.	American Samoa	AS	.N								
53.	Guam	GU	.N								
54.	Puerto Rico	PR	.N								
55.	U.S. Virgin Islands	VI	.N								
56.	Northern Mariana Islands	MP	.N								
57.	Canada	CAN	.N								
58.	Aggregate Other Aliens	OT	XXX								
59.	Subtotal	XXX	17,752,144	143,460,021	279,425,343					440,637,508	
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX									
61.	Totals (Direct Business)	XXX	17,752,144	143,460,021	279,425,343					440,637,508	
DETAILS OF WRITE-INS											
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....1

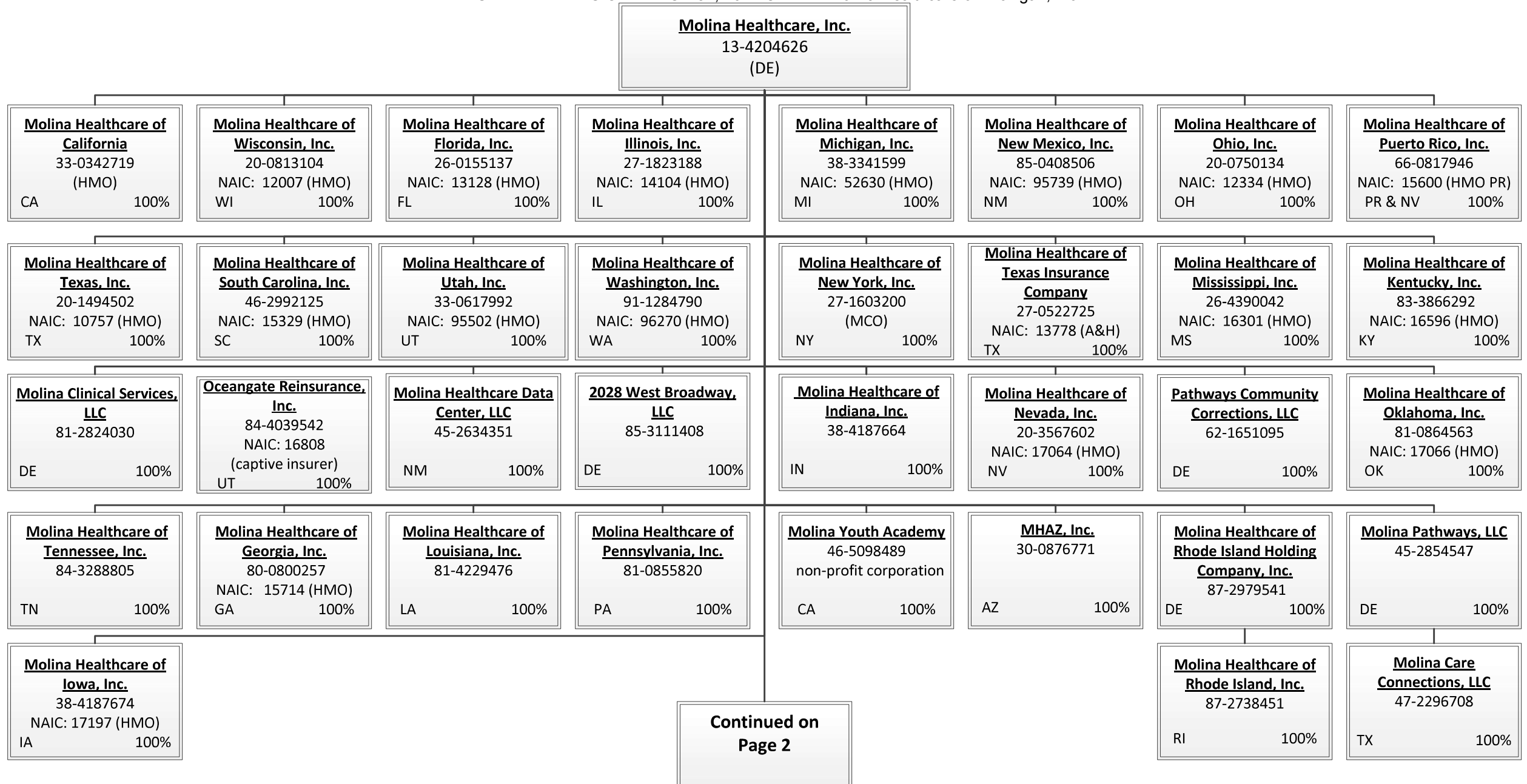
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

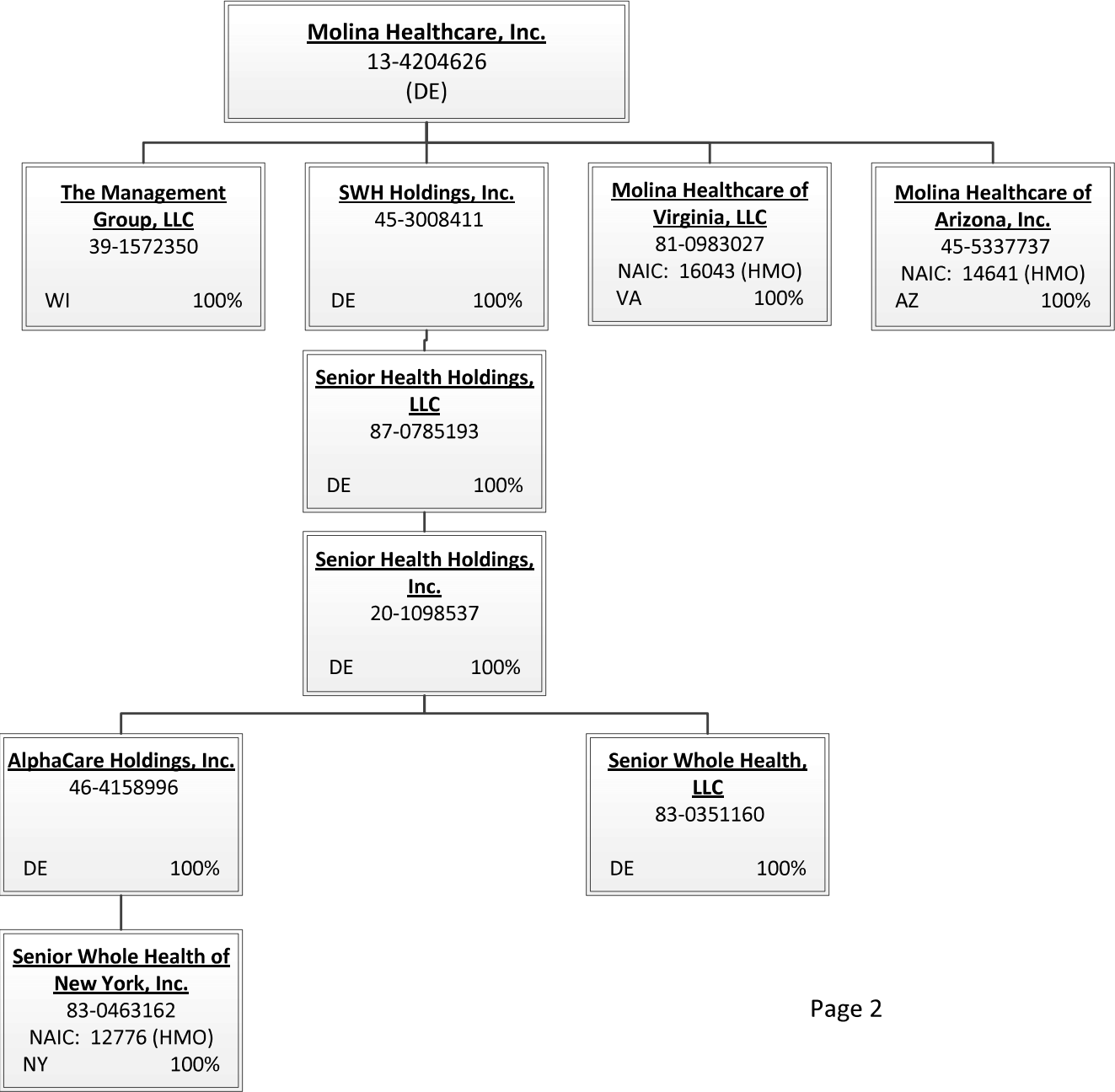
N - None of the above - Not allowed to write business in the state.....56

R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.

15





STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	38-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	87-2979541				Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
										Molina Healthcare of Rhode Island Holding Company, Inc.					
1531	Molina Healthcare, Inc.	00000	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	NIA	Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	45-3008411				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
--	-----

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	115,554,686	164,283,793
2. Cost of bonds and stocks acquired		52,201,799
3. Accrual of discount	11,972	21,823
4. Unrealized valuation increase (decrease)		31,833
5. Total gain (loss) on disposals		1,797,208
6. Deduct consideration for bonds and stocks disposed of	9,860,832	102,390,973
7. Deduct amortization of premium	78,267	511,882
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		121,085
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	105,627,559	115,554,686
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	105,627,559	115,554,686

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	227,217,168	472,811,435	477,588,832	35,840	222,475,611			227,217,168
2. NAIC 2 (a)	41,879,905	18,282,105	23,365,000	418	36,797,428			41,879,905
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	269,097,073	491,093,540	500,953,832	36,258	259,273,039			269,097,073
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	269,097,073	491,093,540	500,953,832	36,258	259,273,039			269,097,073

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$141,161,898 ; NAIC 2 \$12,483,580 ; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$.....

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals	36,001,421	xxx	35,985,686		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	12,495,111	
2. Cost of short-term investments acquired	35,985,686	16,491,578
3. Accrual of discount	20,624	3,533
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	12,500,000	4,000,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	36,001,421	12,495,111
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	36,001,421	12,495,111

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	391,027,110	248,571,529
2. Cost of cash equivalents acquired	1,084,156,057	4,898,155,738
3. Accrual of discount	81,929	149,883
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	1,200,671,890	4,755,850,040
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	274,593,206	391,027,110
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	274,593,206	391,027,110

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Ident-ification	Description	For-eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	
.3136AB-VF-7	FANNIE MAE 13 12A		03/01/2022	MBS PAYDOWN		59,046	59,046	58,806	59,035		.11		.11		59,046				.171	11/25/2041	1.A FE	
.3138EB-Y9-0	UMBS - POOL AK7035		03/01/2022	MBS PAYDOWN		48,672	48,672	51,124	48,698		(.27)		(.27)		48,672				.320	05/01/2042	1.A FE	
.3138ER-NX-4	UMBS - POOL AL9405		03/01/2022	MBS PAYDOWN		70,195	70,195	73,822	70,274		(.80)		(.80)		70,195				.389	06/01/2044	1.A FE	
.3140J9-MA-6	UMBS - POOL BM4852		03/01/2022	MBS PAYDOWN		46,494	46,494	49,436	46,542		(.48)		(.48)		46,494				.307	07/01/2044	1.A FE	
.3140J9-LF-6	UMBS - POOL BM5081		03/01/2022	MBS PAYDOWN		64,059	64,059	69,534	64,237		(.178)		(.178)		64,059				.399	11/01/2048	1.A FE	
.31410L-WR-9	UMBS - POOL 890856		03/01/2022	MBS PAYDOWN		48,600	48,600	51,080	48,633		(.32)		(.32)		48,600				.297	01/01/2047	1.A FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues						337,066	337,066	353,802	337,419		(354)		(354)		337,066				1,883	XXX	XXX	
.02007T-AC-9	ALLY AUTO RECEIVABLES TRUST 19-4 A3		03/15/2022	MBS PAYDOWN		150,985	150,985	150,959	150,888		.97		.97		150,985				.454	06/17/2024	1.A FE	
.065606-AC-9	BANK OF THE WEST AUTO TRUST 19-1 A3		03/15/2022	MBS PAYDOWN		185,380	185,380	185,368	185,232		.147		.147		185,380				.740	04/15/2024	1.A FE	
.14041N-FM-8	CAPITAL ONE MULTI-ASSET EXECUT 17-A3 A3		03/15/2022	MBS PAYDOWN		2,500,000	2,500,000	2,538,672	2,503,553		(3,553)		(3,553)		2,500,000				.15,188	01/15/2025	1.A FE	
.14042T-CS-4	CAPITAL ONE BANK USA NA		01/27/2022	PREREFUNDED		2,500,000	2,500,000	2,500,000	2,500,000						2,500,000				.25,175	01/27/2023	1.G FE	
.254683-CX-9	DISCOVER CARD EXECUTION NOTE T 19-A1 A1		01/15/2022	MBS PAYDOWN		2,500,000	2,500,000	2,565,820	2,501,234		(1,234)		(1,234)		2,500,000				.6,333	07/15/2024	1.A FE	
.28416L-AA-0	ELARA HGV TIMESHARE ISSUER 21-A A		03/25/2022	MBS PAYDOWN		38,959	38,959	38,950	38,924		.34		.34		38,959				.80	08/27/2035	1.A FE	
.89233M-AD-5	TOYOTA AUTO RECEIVABLES OWNER 19-D A3		03/15/2022	MBS PAYDOWN		220,522	220,522	220,506	220,375		.147		.147		220,522				.690	01/16/2024	1.A FE	
.907818-EZ-7	UNION PACIFIC CORP		03/01/2022	MATURITY at 100.0000		1,000,000	1,000,000	1,025,890	1,001,847		(1,847)		(1,847)		1,000,000				.14,750	03/01/2022	1.G FE	
.92348A-AA-3	VERIZON OWNER TRUST 19-C A1A		03/20/2022	MBS PAYDOWN		427,922	427,922	427,889	427,541		.381		.381		427,922				.1,301	04/22/2024	1.A FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						9,523,768	9,523,768	9,654,054	9,529,594		(5,828)		(5,828)		9,523,768				64,711	XXX	XXX	
2509999997. Total - Bonds - Part 4						9,860,834	9,860,834	10,007,856	9,867,013		(6,182)		(6,182)		9,860,834				66,594	XXX	XXX	
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds						9,860,834	9,860,834	10,007,856	9,867,013		(6,182)		(6,182)		9,860,834				66,594	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4							XXX													XXX	XXX	
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks							XXX													XXX	XXX	
5989999997. Total - Common Stocks - Part 4							XXX													XXX	XXX	
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks							XXX													XXX	XXX	
5999999999. Total - Preferred and Common Stocks							XXX													XXX	XXX	
6009999999 - Totals						9,860,834	XXX	10,007,856	9,867,013		(6,182)		(6,182)		9,860,834				66,594	XXX	XXX	

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank Saint Paul, MN					(2,207,973)	(1,963,200)	(2,160,776)	XXX
US Bank Saint Paul, MN					131,348	106,952	181,203	XXX
JP Morgan Chase Columbus, OH					2,935,206	4,112,008	2,991,824	XXX
JP Morgan Chase Columbus, OH					839,202	2,312,778	3,889,791	XXX
JP Morgan Chase Columbus, OH					(7,186)	(7,915)	(4,811)	XXX
US Bank Saint Paul, MN					(24,219,563)	(23,281,678)	(19,399,314)	XXX
SUNTRUST BK MMF Nashville, TN		0.000	.52		336,380	336,390	336,417	XXX
US BANK MONEY MARKET FUND Saint Paul, MN		0.000	1,684		12,772,801	34,772,886	35,774,434	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	1,736		(9,419,785)	16,388,221	21,608,768	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	1,736		(9,419,785)	16,388,221	21,608,768	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	1,736		(9,418,785)	16,389,221	21,609,768	XXX

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
	TREASURY BILL		02/14/2022	0.322	05/05/2022	999,696		411
0019999999	Subtotal - Bonds - U.S. Governments - Issuer Obligations					999,696		411
0109999999	Total - U.S. Government Bonds					999,696		411
0309999999	Total - All Other Government Bonds							
0509999999	Total - U.S. States, Territories and Possessions Bonds							
0709999999	Total - U.S. Political Subdivisions Bonds							
0909999999	Total - U.S. Special Revenues Bonds							
	DCAT LLC		01/06/2022	0.180	04/05/2022	2,999,940		1,275
	DCAT LLC		01/26/2022	0.200	04/18/2022	1,594,849		625
	UNILEVER FINANCE NETHERLANDS BV		01/19/2022	0.250	04/18/2022	1,299,847		650
	BRITANNIA FUNDING CO LLC		01/20/2022	0.270	04/19/2022	1,249,831		666
	DZ BANK NY BRANCH		01/20/2022	0.245	04/14/2022	1,249,889		604
	NIEUW AMSTERDAM RECEIVABLES CORP		01/20/2022	0.240	04/20/2022	4,182,470		1,980
	DUKE ENERGY CORP		03/22/2022	0.830	04/11/2022	2,999,308		692
	CONCORD MINUTEMEN CAPITAL		03/25/2022	0.801	05/25/2022	1,003,794		156
	CANCARA ASSET SECUR LLC		03/28/2022	0.470	04/25/2022	509,840		27
	VII CREDIT INC		03/29/2022	1.073	06/22/2022	2,000,113		179
	CHESHAM FINANCE LTD		03/31/2022	0.380	04/01/2022	5,000,000		53
	LIBERTY STREET FUNDING LLC		03/09/2022	0.972	06/06/2022	1,689,989		1,049
	PACIFIC LIFE SHORT TERM		03/10/2022	0.581	05/09/2022	1,313,196		466
	BPCE SA		03/15/2022	0.857	06/01/2022	2,978,666		1,260
	MONT BLANC CAPITAL CORP		03/28/2022	0.585	04/19/2022	2,499,253		518
	SALISBURY RECEIVABLES CO LLC		03/16/2022	0.922	05/23/2022	898,804		368
	BANCO SANTANDER SA		03/22/2022	0.761	06/01/2022	1,997,424		422
	NATIONAL AUSTRALIA BANK LTD		03/01/2022	0.571	05/26/2022	2,497,823		1,227
	NATIONAL BANK OF CANADA		03/01/2022	0.521	05/18/2022	1,998,642		896
	ST ENGINEERING LTD		03/03/2022	0.601	05/23/2022	1,498,700		725
	VII CREDIT INC		03/02/2022	0.651	04/22/2022	709,731		385
	DNB BANK ASA		03/08/2022	0.781	05/26/2022	1,348,391		702
	VII CREDIT INC		03/08/2022	0.700	04/01/2022	1,775,000		828
	GOTHAM FUNDING CORP		03/07/2022	0.450	04/06/2022	4,999,688		1,563
	LLOYDS BANK PLC		03/01/2022	0.400	04/14/2022	1,499,783		517
	LMA AMERICAS LLC		03/02/2022	0.400	04/07/2022	1,999,867		667
	LLOYDS BANK CORP MKTS/NY		03/03/2022	0.581	05/06/2022	2,357,670		1,102
	MACQUARIE BANK LTD		03/02/2022	0.440	04/28/2022	1,999,340		733
	MANHATTAN ASSET FUNDING CO LLC		03/07/2022	0.771	06/06/2022	2,496,471		1,283
	HENKEL OF AMERICA INC		02/24/2022	0.471	05/23/2022	1,758,805		827
	ESSILORLUXOTTICA SA		02/28/2022	0.571	05/18/2022	2,498,140		1,267
	BARTON CAPITAL SA		03/07/2022	0.721	05/04/2022	3,247,855		1,560
	BRITANNIA FUNDING CO LLC		03/04/2022	0.420	04/04/2022	2,999,895		980
	COMMONWEALTH BANK OF AUSTRALIA		03/01/2022	0.531	05/25/2022	1,325,945		606
	DZ BANK AG DEUTSCHE ZENTRAL-GENOSS		03/03/2022	0.450	04/25/2022	3,798,860		1,378
	METLIFE SHORT TERM FUNDING LLC		02/01/2022	0.220	04/25/2022	1,069,843		386
	AT&T CORP		02/07/2022	0.430	04/11/2022	2,999,642		1,899
	MACQUARIE BANK LTD		02/07/2022	0.350	05/06/2022	2,998,979		1,546
	GLENCOVE FUNDING LLC		02/14/2022	0.420	04/11/2022	4,999,417		2,683
	COLLAT COMM PAPER V CO		02/16/2022	0.501	05/13/2022	3,502,955		2,177
	BARTON CAPITAL SA		02/16/2022	0.400	04/18/2022	1,759,668		860
	BANCO DEL ESTADO DE CHILE		02/08/2022	0.255	04/01/2022	5,005,000		2,221
	FIRST ABU DHABI BANK PJSC		01/25/2022	0.280	04/18/2022	4,999,339		2,582
	AT&T INC		01/26/2022	0.350	04/12/2022	1,999,786		1,264
	AUSTRALIA & NEW ZEALAND BANKING		02/01/2022	0.268	04/26/2022	4,004,273		1,821
	BANCO SANTANDER SA		02/04/2022	0.340	05/04/2022	1,999,377		1,058
	MATCHPOINT FINANCE PLC		02/11/2022	0.410	05/03/2022	5,028,262		2,786
1019999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					116,644,360		49,519
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					116,644,360		49,519
1309999999	Total - Hybrid Securities							
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds							
1909999999	Subtotal - Unaffiliated Bank Loans							
2419999999	Total - Issuer Obligations					117,644,056		49,930
2429999999	Total - Residential Mortgage-Backed Securities							
2439999999	Total - Commercial Mortgage-Backed Securities							

STATEMENT AS OF MARCH 31, 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
2449999999. Total - Other Loan-Backed and Structured Securities								
2459999999. Total - SVO Identified Funds								
2469999999. Total - Affiliated Bank Loans								
2479999999. Total - Unaffiliated Bank Loans								
2509999999. Total Bonds						117,644,056		49,930
09248U-70-0	BLACKROCK LIQ FDS FED FUND-IN		.03/18/2022	0.000		31,612,373	4,860	
25160K-20-7	DWS GOVT MMKT SER-INST		.03/18/2022	0.000		1,803,095	245	
31846V-20-3	FIRST AMERICAN GOV OBLIG - Y		.03/18/2022	0.000		1,054,915		5
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		.03/18/2022	0.000		31,922,037	2,115	
40428X-10-7	HSBC US GOVT MMKT-I		.03/18/2022	0.000		12,605,435	2,217	
4812C0-67-0	JPMORGAN U.S. GOVT MONEY MARKET		.03/18/2022	0.000		9,826	148	
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		.03/18/2022	0.000		7,180	43	
61747C-70-7	MSILF GOVERNMENT PORT-INST		.03/18/2022	0.000		49,509,651	5,763	
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		.03/18/2022	0.000		205,493	28	
857492-70-6	STATE STATE INST US GOV MMF - PREM		.03/18/2022	0.000		28,213,974	3,501	
949921-12-6	ALLSPRING GOVT MONEY MARKET FD - SELECT		.03/18/2022	0.000		5,171	134	
8309999999. Subtotal - All Other Money Market Mutual Funds						156,949,150	19,054	5
8609999999 - Total Cash Equivalents						274,593,206	19,054	49,935